Exemption Request - Notice of ADMISSION or RETENTION of a Resident Requiring Exemption

Facility Name: _____ Today's Date: _____

Address: _____

Administrator: _____ Telephone Number: _____

Name of Resident (please print): _____

_____ Admission _____ Retention

As provided in NAC 449.2736, notice must be given to the Bureau of Health Care Quality and Compliance before admitting a resident with or at the onset of a bedfast or medical condition.

The following information is required and **must** be submitted in order for your request to be processed in a timely manner.

_____ Current medical records and reports concerning the resident's medical condition, which **must** include:

- Assessments or history and physicals from the resident's physician, a nurse practitioner or a physician assistant. This information should be current (within the last 6 months) and should include diagnoses, prognosis and expected duration of condition.
- Plan of Care and/or assessments by the Home Health/Hospice Registered Nurse.

_____ Resident Information (See pg. 2)

_____ A plan for ensuring that the resident's medical needs can be met by the facility

- This written plan must describe the caregiver's abilities to meet the resident's needs, and may include examples of training that has been or will be completed that is unique to the resident requiring an exemption (ie: bedfast exemption should include documentation of how the caregivers have been trained to position a resident properly). (See pg. #3)

_____ A statement signed by the administrator of the facility that the needs of the resident who is the subject of the request will be met by the caregivers employed by the facility (See pg. #3).

_____ A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission of the resident who is the subject of the request

- This written plan must indicate the facility's current census and staffing patterns.
- The plan must also include a statement signed by the administrator that other residents of the facility will not suffer as a result of the admission of this resident and the required care. (See pg. #4)

Upon receipt of a complete packet, the information is reviewed by a Registered Nurse. Past survey history is considered when reviewing the request. You will normally receive notice of approval or denial via mail within 10 business days if all information has been provided.

Completed Packet may be submitted by mail, e-mail or fax to: Division of Public and Behavioral Health-

Attention: Pat Elkins, RN 4220 S. Maryland Parkway, Bldg. D, Suite 810 Las Vegas, NV. 89119 Phone: (702) 486-6515

Fax: (702) 486 – 6520 E-mail: pelkins@health.nv.gov